

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007136

STATE FILE NUMBER

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 44

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ChillicotheLength of stay in 1b
2wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Livingston

c. CITY OR TOWN Hale, Mo

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION City HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
R RReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First WAYNE

Middle JOSEPH

Last O'BRYAN

4. DATE OF DEATH

Month Day Year
Feb. 17, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 15, 1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Pesotum, Ill

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Wayne J. O'Bryan

13b. MOTHER'S MAIDEN NAME

Etta Dunn

14. NAME OF HUSBAND OR WIFE

June O'Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

June O'Bryan Hale, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia - Renal Shut Down

INTERVAL BETWEEN ONSET AND DEATH

3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Interstitial Nephritis

1 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus & Chr. Myocarditis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-4-61 to 2-17-62 and last saw him alive on 2-17-62

Death occurred at 10:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. W. Matheny DO.

22b. ADDRESS

Chillicothe, Missouri

22c. DATE SIGNED

2/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Feb. 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

O'Bryan

23d. LOCATION (City, town, or county)

Parkville, Ill

24. FUNERAL DIRECTOR

ADDRESS

Lindley Funeral Home, Chillicothe, Mo

25. DATE RECD. BY LOCAL REG.

Feb 18, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. *4822*

P. O. Address

Chittivoke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.